

EXHIBIT F

win

Win West Residence
341 West 51st Street
New York, NY 10019

STAFF/RESIDENT COMPLAINT FORM

DATE OF INCIDENT:

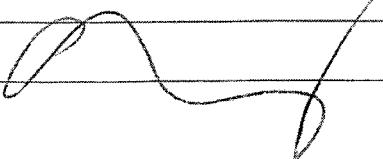
TIME: 1:54PM

6/7/17 NAME: Mariah Lopez DEPT/UNIT #
Subject: Reasonable Accommodation Request

I have medical needs which this facility cannot accomodate. I have severe PTSD and this neighborhood is a trigger for this conditions symptoms; Flash backs, anxiety, depression, increased aggression. I also cannot sleep in a dorm setting because of my PTSD—the worsted abuses I have experienced have taken place in a "dorm" setting.

The dorm setting would →

Signature:



Date: 6/7/17

win

Win West Residence
341 West 51st Street
New York, NY 10019

STAFF/RESIDENT COMPLAINT FORM

DATE OF INCIDENT:

TIME:

NAME: Mariah Lopez

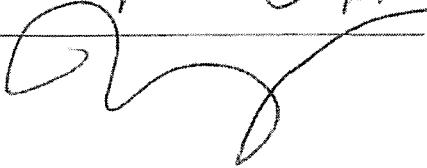
DEPT/UNIT #

Subject: Reasonable Accommodation Request

Also make impossible for me
to engage in daily dilation
as per SRS post op instructions.
I need to be lying down, in
a private semi clean
environment. WIN has offered
a bathroom to dilate in, as an
accommodation, which is inappropriate
unsterile, and unsafe.
Am requesting to be sent back
to Marsha's House Shelter.

Signature:

Date:



6/1/17